



अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर

All India Institute of Medical Sciences, Gorakhpur

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार द्वारा स्थापित एक स्वायत्त निकाय)
(An autonomous organization under the Ministry of Health & Family Welfare, Govt. of India)

Quotation No.: AIIMS/GKP/COMP-6507/2026-27/ 2445

Date: 04/08/2026

Quotation Notice for Procurement of Printing of Various Registers for Departments of Paediatrics, Surgical ICU, and Microbiology, AIIMS Gorakhpur

Quotations are invited from intending registered stockiest /Distributors/ Suppliers/ OEMs having GST and relevant documents for Procurement of Printing of Various Registers for Departments of Paediatrics, Surgical ICU, and Microbiology at AIIMS, Gorakhpur. The quotation should be dropped in the Quotation Box located at Ground Floor of **Administrative Block, Medical College Building, AIIMS, Gorakhpur, U.P.** latest by **11/08/2026 till 16:00 pm**. Any quotation received through e-mail or after the last date will not be entertained.

Detail of the items: -

S No.	Item Name	Size	Format
1	Sample Collection Register	Hardcover Size: 20 * 14.8 inch, Paper Quality GSM 100, Pages both side printed No of Pages 100 12* 85 inch, Paper Quality GSM 10C, 100 Pages per Pad	Annexure-I
2	Register-Bacteriology		Annexure-II
3	Register-Mycology		Annexure-III
4	Register-Parasitology		Annexure-IV
5	Register-Serology		Annexure-V
6	Register-Virology		Annexure-VI
7	Internal Quality Control log of Kits		Annexure-Vii
8	Kit Validation Record		Annexure-VIII
9	Lot Validation Record		Annexure-IX
10	Culture Media Preparation		Annexure-X
11	Internal Quality Control (IQC) of antimicrobial discs		Annexure-Xi
12	Lot Verification of Mueller Hinton Agar		Annexure-XII
13	Sample Retention and Disposal		Annexure-XIII
14	Oral Communication Register		Annexure-XIV
15	Culture requisition reporting form		Annexure-XV

For Specification See Annexures

Terms & Condition

1. Firm to mention Make/Brand name in their quotation along with price.
2. Prices should be clearly mentioned in the offer.
3. The sealed envelope should bear quotations number and the subject of quotation.
4. Supply should be made within 15 days from the date of purchase order.
5. Price should be inclusive of freight on road charges.
6. Quotation will be evaluated on total value basis.
7. Order will be placed to the L-1 vendor on total value basis.

sd/-



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8. Validity of the quotation should be 30 days from the date of opening and validity period should be clearly mentioned in the quotation.
9. Sample to be submitted as and when asked for.
10. Selected Supplier must have Valid License for supply the demand items.
11. Firm to submit documentary evidence in support of claim of GST at the time of submission of bills.
12. Following quotations will be summarily rejected:
 - I. Quotations not received in sealed envelope quotations without quotation enquiry number.
 - II. Quotations received without mentioning of Subject at the top of envelope
 - III. Quotations received without mentioning of Name of the firm on envelope
 - IV. Quotations without GSTIN Number, Quotations without Date.
 - V. Quotations without validity period. Quotations without mentioning of GST amount.
 - VI. Quotations without price quoted against each item
13. Short-life items (with a shelf-life period of 18 months or less) shall not have exceeded 5/6th of their total shelf life at the time of supply. For imported drugs, the shelf life at the time of supply shall not be less than 50%.
14. For items not covered under clause (1) above, the supplied stock shall not be older than one year from the date of manufacture at the time of supply.
15. If the supplied items are not utilized before the expiry date, the supplier shall undertake to replace them with fresh stock as and when required.
16. The supplier shall arrange for free replacement of any quantity that may deteriorate in potency, strength, or approach expiry (or has expired) before the expiry date marked on the labels.
17. The quotation should be submitted only during Working Days & Office hours i.e. Monday to Friday (9 AM to 5 PM) & Saturday (9 AM to 2 PM)
18. For any clarifications, kindly contact at email address: procurementcell@aiimsgorakhpur.edu.in.

S/d

**Administrative officer
AIIMS Gorakhpur**



~~डॉ० अतुल रमडीकर / Dr. Atul Ramdikar
सह. आचार्य / Associate Professor
माइक्रोबायोलॉजी / Microbiology
अभिले भारतीय अणुविज्ञान संस्थान, गोरखपुर (उ.प्र.) 273008
Indian Institute of Medical Science, Gorakhpur (U.P.) 273008~~

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REGISTER-BACTERIOLOGY

डॉ० अतुल राकडीकर / Dr. Atul Rakadikar
सह. आचार्य / Associate Professor
माइक्रोबायोलॉजी / Microbiology
अजित भारतीय आयुर्विज्ञान संस्थान, गावतपुर / (बी. ७१२००८)
अजित Institute of Medical Sciences, Gawatpur (B.P. 27190)



अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर
All India Institute of Medical Sciences, Gorakhpur

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REGISTER-MYCOLOGY

[illegible]

डॉ० अतुल रुज्जीकर / Dr. Atul Rujekar
सह. आचार्य / Associate Professor
माइक्रोबायोलॉजी / Microbiology
जिनिन भारतीय आरुद्रिज्ञान अस्थान, गारखार / (ता.) 270003
India Institute of Medical Science, Garakhur (UP)

REGISTER-SEROLOGY

Dr. Anurag Kumar
 Asst. Prof. / Asst. Professor
 Microbiology / Microbiology
 Institute of Medical Sciences, Gwalior / IIMS, Gwalior

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REGISTER-VIROLOGY

[illegible]

डॉ० अतुल कुमार / Dr. Atul Kumar
सह. आयुक्त / Associate Professor
माइक्रोबायोलॉजी / Microbiology
राष्ट्रीय भारतीय अणुशास्त्र संस्थान, पारसपुरा, कोलकाता
National Institute of Molecular Sciences, Kolkata
India

(An autonomous organization under the Ministry of Health & Family Welfare Govt. of India)

INTERNAL QUALITY CONTROL LOG OF KITS

~~3/2/23~~

डॉ० अतुल रजदिकर / Dr. Atul Rajdikar
सह. प्राचार्य / Associate Professor
माइक्रोबायोलॉजी / Microbiology
अखिल भारतीय आयुर्विज्ञान संस्थान, गुवागटूर (A. I. I. M. G)
All India Institute of Medical Sciences, Guwahati (A. I. I. M. G)

KIT VALIDATION RECORD

[illegible]

Page 1 of 1

DEPARTMENT OF MICROBIOLOGY

LOT VALIDATION RECORD

[illegible]

डॉ० अतुल कुमार / Dr. Atul Kumar
सहपाठन / Associate Professor
माइक्रोबायोलॉजी / Microbiology
विभाग, भारतीय प्रौद्योगिकी संस्थान, गांधीपुर (पु.पु.) 750015
All India Institute of Medical Sciences, Gandhinagar (P.U.) 750015

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डॉ० अतुल रमेशदीन / Dr. Atul Rameshwar
नाम : प्रोफेसर / Associate Professor
माइक्रोबायोलॉजी / Microbiology
पता : भारतीय अणुप्रौद्योगिकी संस्थान, गांधीपुरा / रायपुर - 492008
संस्थान : Indian Institute of Medical Science, Gandhinagar (M.P.) 477005

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(An autonomous organization under the Ministry of Health & Family Welfare, Govt. of India)

DEPARTMENT OF MICROBIOLOGY

Internal Quality Control (IQC) of Antimicrobial Discs

[illegible]

डॉ० अमल कुमार
सह-आचार्य, Associate Professor
भौतिकी विभाग / Microbiology
सिवाजी मेमोरियल अस्पताल, माहसूर (बी. २७३००६)
The India Institute of Medical Sciences, Guntur (AP) 526008

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DEPARTMENT OF MICROBIOLOGY[illegible]

डॉ० असल रणधीकर / Dr. Atul Rukadikar

~~Dr. [Name] / Associate Professor~~

~~Atul Rukadikar~~
डॉ० अतुल रुकडीकर / Dr. Atul Rukadikar
सहाचार्य / Associate Professor
Microbiology
सं. २७३००८ / (सं.) 273008
सं. गोंगाव (उ.प.) 273008

~~Atul Rukadikar~~
डॉ० अतुल रुकाडीकर / Dr. Atul Rukadikar
सह आचार्य / Associate Professor
माउस विज्ञान / Microbiology
पता : माउस विज्ञान, माउस (वि०) 272006
अहमदनगर, महाराष्ट्र, गुजरात (I.P.) 2720



All India Institute of Medical Sciences, Gorakhpur
Department of Microbiology

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CULTURE REQUISITION FORM

Name of Patient:
Age: Sex: Reg No:
Department: (Indoor / Outpatient) Ward: Bed No:
Staining: Gram's/ ZN/ India Ink/ Albert / Other Culture: Bacterial / Fungal

(Please select (✓) appropriate sample)

A. Blood				
☐ Peripheral vein	☐ Central line	☐ Arterial		
B. Urine				
☐ Midstream clean catch	☐ Catheterized sample	☐ Supra pubic aspirate	☐ Others	
C. Respiratory tract				
☐ Sputum	☐ Endotracheal aspirate	☐ Bronchial aspirate	☐ Bronchial brushing	☐ BAL
D. Sterile body fluid (except CSF)				
☐ Peritoneal Fluid	☐ Pleural Fluid	☐ Synovial Fluid	☐ Vitreous Humour	☐ Pericardial
☐ Post-operative drain	☐ Other:			
E. CSF				
☐ Lumbar Puncture	☐ VP shunt	☐ Ventricular shunt		
F. Tissue				
Please specify the site:				
G. Abscess/ Pus /wound swab				
Please specify site and nature of wound:				
H. Others				
Please specify:				

Date & Time of collection:

Specimen collected by:

Provisional Diagnosis with brief relevant history:

Brief Antibiotic History (present/past):

Details of previous culture (if any):

NOTE:

- ❖ Incomplete form will not be accepted
- ❖ Outer surface of the Container/test tube should not be soiled
- ❖ Leaking sample will not be accepted

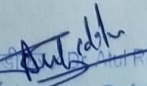
(Signature of Doctor with Stamp)

For laboratory use only

Lab Id:

Date of receiving the sample:

Processing notes:

डॉ० अतुल कुमार 
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